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2019 Schedule E-2

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AREA RESERVED
FOR 2-D BARCODE

FIRSTNAMEXXXXXXXX I LASTNAMEXXXXXXXXXXXX SOCIALSECNO
NAMEOFENTITYXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEDERALIDNO

Check one: S corp. partnership

Income or Loss from Partnerships and S Corporations

1. Passive loss allowed	1	XXXXXXXXXXXXXXXXXX
2. Passive income	2	XXXXXXXXXXXXXXXXXX
3. Non-passive loss	3	XXXXXXXXXXXXXXXXXX
4. Section 179 expense deduction	4	XXXXXXXXXXXXXXXXXX
5. Non-passive income	5	XXXXXXXXXXXXXXXXXX
6. Combine lines 2 and 5	6	XXXXXXXXXXXXXXXXXX
7. Combine lines 1, 3 and 4	7	-XXXXXXXXXXXXXXXXXX
8. Partnership and S corporation income or loss. Combine lines 6 and 7	8	-XXXXXXXXXXXXXXXXXX
9. Interest (other than MA banks) and dividends if included in line 8	9	XXXXXXXXXXXXXXXXXX
10. Interest from Massachusetts banks if included in line 8	10	XXXXXXXXXXXXXXXXXX
11. Total income or loss from partnerships and S corporations	11	-XXXXXXXXXXXXXXXXXX
12. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		<input checked="" type="checkbox"/>
13. Check if any amount of this investment not at risk		<input checked="" type="checkbox"/>

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